

2008 AUG 27 AM 4:20

Docket No.: 1509-499

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Dibyapran SANYAL

U.S. Patent Application No. 10/827,527

Filed: April 20, 2004

:  
:  
: Confirmation No.2969  
:  
: Group Art Unit: 2193  
:  
: Examiner: MICHAEL D. YAARY

For: METHOD AND APPARATUS FOR GENERATING CODE FOR SCHEDULING THE  
EXECUTION OF BINARY CODE

REQUEST FOR REFUND

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

A refund in the amount of \$360.00 is requested for the following reason:

- The PTO was instructed to charge Deposit Account 08-2025 for the necessary additional claims fees, not Deposit Account 07-1337. (See attached.)

Please immediately refund \$360.00 to Deposit Account No. 07-1337.

Respectfully submitted,

**LOWE HAUPTMAN HAM & BERNER, LLP**

/Allan M. Lowe/

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DATE: August 26, 2008

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HEWLETT-PACKARD COMPANY  
Intellectual Property Administration  
P.O. Box 272400  
Fort Collins, Colorado 80527-2400

PATENT APPLICATION

ATTORNEY DOCKET NO. 200400476-2

Inventor(s): **Dibyapran SANYAL**

Confirmation No.: 2989

Application No.: 10/827,527

Examiner: MICHAEL D. YAARY

Filing Date: April 20, 2004

Group Art Unit: 2193

Title: **METHOD AND APPARATUS FOR GENERATING CODE FOR SCHEDULING THE EXECUTION OF BINARY CODE**

Mail Stop Amendment  
Commissioner For Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT**

Transmitted herewith is/are the following in the above-identified application:

- ☐ Response/Amendment ☐ Petition to extend time to respond  
☒ New fee as calculated below ☐ Supplemental Declaration  
☐ No additional fee  
☐ Other

Fee\$

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	23	MINUS	20	= 3	X \$50	\$ 150
INDEP. CLAIMS	5	MINUS	4	= 1	X \$210	\$ 210
<input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$370	\$ 0
EXTENSION FEE	<input type="checkbox"/> 1st Month \$120	<input type="checkbox"/> 2nd Month \$460	<input type="checkbox"/> 3rd Month \$1050	<input type="checkbox"/> 4th Month \$1640		\$ 0
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 360

Charge \$ 360 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dibyapran SANYAL

By: /Allan M. Lowe/

Allan M. Lowe

Attorney/Agent for Applicant(s)

Reg No.: 19841

Date: 2008-06-05

Telephone: 703-684-1111

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